

JOHN D. ULMER

Name

49

District

REPUBLICAN

Party Affiliation

HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATE HOUSE
INDIANAPOLIS, INDIANA 46204

STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR 2004

This statement shall be filed by members not later than seven days following the first session day in January of each year and covers only activity occurring in the preceding calendar year. Non-incumbent candidates for the General Assembly must file this statement before filing a declaration of candidacy. All statements shall be filed with the Principal Clerk of the House, Room 3A-8, 3rd Floor State House, Indianapolis.

Additional pages may be inserted, if necessary, See IC 2-2.1-3, for any clarification of the questions.

Incumbent legislator (x) X

Legislative candidate (x) _____

1. List the name of your employer(s) and the employer(s) of your spouse and the nature of the employer's business. "Employer" means any person or entity from whom the member or candidate for the Indiana General Assembly or his spouse received more than 33% of his non-legislative income.

NAME OF EMPLOYER	NATURE OF BUSINESS	Your Employer (x)	Spouse's Employer (x)

2. List the name of every sole proprietorship or professional practice operated by you or your spouse and the nature of the business.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)

3. List the name of every partnership and limited liability company of which you or your spouse are a member and the nature of the business.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
YODER AND LAY WLMR + BUCKINGHAM	LAW OFFICE	X	

4. List the name of any corporation of which you or your spouse are an officer or director and the nature of the corporation's business. Churches need not be listed.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
KURT CONCRETE, INC.	CONCRETE COMPANY	X	
CHAPMAN REALTY CO., INC.	INDUSTRIAL PARK	X	
INDIANA WOOD PRODUCTS, INC.	LUMBER COMPANY	X	
INDIANA TRIAL LAWYERS ASSN	BAR ASSOCIATION	X	

5. List the name of any corporation in which you, your spouse or unemancipated child own stock or stock options having a fair market value in excess of \$10,000. No time or demand deposit in a financial institution or an insurance policy need be listed.

NAME OF BUSINESS	Your Stock (x)	Spouse's Stock (x)	Children's Stock (x)
ELI LILLY & CO		X	
CRYSTAL VALLEY FINANCIAL CORP		X	
ANALOG DEVICES, INC	X	X	
AFLAC	X	X	
AMERICAN INTERNATIONAL GROUP	X	X	

#5 CONTINUED

NAME OF BUSINESS	YOUR STOCK	SPOUSES STOCK
CITIGROUP, INC	X	X
STATE STREET BOSTON CORP	X	X
SUNTRUST BANKS, INC	X	X
WACHOVIA CORP	X	X
ABBOTT LABORATORIES	X	X
AMGEN	X	X
BECTON DICKINSON + CO.	X	X
BIOGEN IDEC, INC	X	X
BRISTOL MYERS Squibb Co	X	X
MEDCO HEALTH SOLUTIONS, INC	X	X
MEDTRONIC INC Com	X	X
PFIZER, INC	X	X
STRYKER CORP Com	X	X
GILLETTE Co	X	X
PEPSICO INC	X	X
Sysco CORP	X	X
WALGREEN Co	X	X
COMCAST CORP	X	X
DOW JONES + Co	X	X
GANNETT Co	X	X
MCDONALDS CORP	X	X
OMNICOm GROUP	X	X
SHERWIN WILLIAMS Co	X	X
CISCO SYSTEMS	X	X
FIRST DATA CORP	X	X
INTEL CORP	X	X
MICROSOFT CORP	X	X

#5 CONTINUED

NAME OF BUSINESS	YOUR STOCK	SPOUSE'S STOCK
EXXON MOBIL CORP	X	X
ROYAL DUTCH PETROLEUM CO	X	X
SHELL TRANSPORT	X	X
ECOLAB INC	X	X
EMERSON ELECTRIC CO	X	X
GENERAL ELECTRIC CO	X	X
ILLINOIS TOOL WORKS	X	X
PITNEY-BOWES INC	X	X

6. List the name of any state agency or the supreme court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also list the nature of the licensure or regulation. The requirement to file certain parts with the secretary of state or to register with the department of revenue as a retail merchant, manufacturer or wholesaler shall not be considered as licensure or regulation.

NAME OF STATE AGENCY	NATURE OF LICENSURE	Profession or Occupation (x)		Business listed under No. 2, 3, 4 (x)	
		You	Spouse	You	Spouse
SUPREME COURT	BOR OF STATE OF INDIANA	X		X	
HEALTH PROFESSIONS BUREAU	NURSE				

7. List the name of any person whom you know to have been a lobbyist in the previous calendar year and whom you know to have purchased the following: (a) from you, your sole proprietorship or family business, goods or services for which the lobbyist paid in excess of \$100 or (b) from you partner, goods or services for which the lobbyist paid in excess of \$1,000. This subdivision does not apply to purchases made after December 31, 1998, by a lobbyist from a legislator's retail business made in the ordinary course of business at prices that are available to the general public. For purposes of this subdivision, a legislator's business is considered a retail business if the business is a retail merchant as defined by IC 6-2.5-1-8. "Lobbyist" means any person, firm, corporation or association registered under IC 2-7-2. "Family business" means a corporation in which you and your spouse own at least 80% of the voting stock, regardless of whether all or a portion is owned jointly or severally.

NAME OF LOBBYIST	Purchased over \$100 from you or your business (x)	Purchased over \$1,000 from your partner (x)

8. List the name of any person or entity from whom you received any of the following: (a) any gift of cash from a lobbyist, (b) any single gift other than cash having a fair market value in excess of \$100 or (c) any gifts other than cash having a fair market value in the aggregate in excess of \$250. Gifts from a spouse or close relative need not be listed unless the donor has a substantial economic interest in a legislative matter. Campaign contributions need not be listed.

NAME OF DONOR	Any gift of cash from a lobbyist (x)	Any single gift over \$100 (x)	Total gifts over \$250 (x)
INDIANA MOTOR SPEEDWAY			X
ALLIED THEATRE OWNERS, INC		X	
INDIANAPOLIS INT'L AIRPORT		X	
REPUBLIC PARKING SYSTEM		X	
COOK GROUP, INC		X	

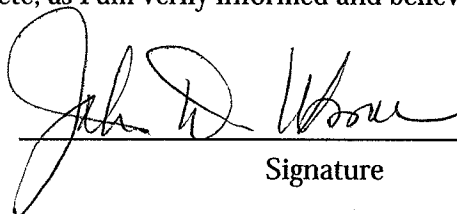
9. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer, director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

NAME OF LOBBYIST	LEGISLATIVE MATTERS WHICH ARE THE OBJECT OF THE LOBBYIST'S ACTIVITY	Your Connection

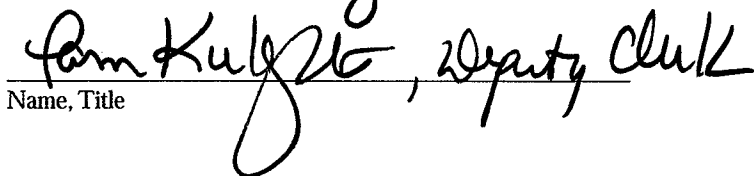
10. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

NAME OF PERSON	NAME OF STATE AGENCY	Nature of Contact, Appearance, Etc.	Cause Number

I certify that the foregoing information is true, accurate and complete, as I am verily informed and believe.


Signature

Filed with the Clerk of the Indiana House of Representatives
this 10 day of January, 2005.


Name, Title

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